

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

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15. Services in an intermediate care facility for the mentally retarded (other than in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.

Intermediate care facility services in a institution (or distinct part thereof) for the mentally retarded or persons with related conditions shall be limited to persons who have a preadmission evaluation approved by the Tennessee Medicaid program.

TN No. 92-40

Supersedes

TN No. 91-9

Approval Date **NOV 02 1992** Effective Date 10/1/92

D4051063

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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16. Inpatient psychiatric facility services for individuals under 22 years of age.

Inpatient psychiatric facility services for individuals under 22 years of age are limited to an acute level of psychiatric hospital care for recipients who meet state established medical necessity criteria as specified in subparagraph (w) of paragraph (1) of state administrative rule 1200-13-1-.03. Acute psychiatric inpatient care is hospital based treatment provided under the direction of a physician for a psychiatric condition which has a relatively sudden onset and a short, severe course. The psychiatric condition should be of such a nature as to pose a significant and immediate danger to self, others, or the public safety or one which has resulted in marked psychosocial dysfunction or grave mental disability of the patient. The therapeutic intervention should be aggressive and aimed at expeditiously moving the patient to a less restricted environment.

Effective October 1, 1992, education costs will be considered as a part of the operating component, when educational services are an integral part of a recipient's acute inpatient psychiatric care involving active treatment, pursuant to an individual plan of care developed by an interdisciplinary treatment team, and ordered by the recipient's attending physician.

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TN No. 92-31

Supersedes

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION
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17. Nurse-midwife services

- a. Restriction of Practice: All delegated medical tasks and drug management services must be rendered in accordance with a protocol jointly developed by the physician and nurse-midwife. Maternity services performed by the nurse-midwife are not to include the assisting of child birth by an artificial, forcible, surgical or mechanical means not addressed in the protocol. Newborn services are limited to routine newborn care.
- b. Participation: In order for a nurse-midwife to obtain a Medicaid provider number and receive reimbursement the following requirements must be met:
 - 1. Completion and submission of a nurse-midwife enrollment form which includes a copy of the certification issued by the American College of Nurse-Midwives and a copy of a current Tennessee Registered Nurse license;
 - 2. Submission of a nurse-midwife consultation and referral agreement with a physician(s) actually engaged in the practice of obstetrics and participating in the Tennessee Medicaid program; and
 - 3. Execution of a Medicaid provider agreement.
- c. Covered Services: Medicaid covered services provided by the nurse-midwives are limited to those diagnoses and procedures related to an uncomplicated maternity cycle, an uncomplicated delivery, and routine newborn care. Reimbursement for these services will not be made unless one of the diagnoses and procedures listed below are documented on the claim.

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Effective 4/1/88

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEELIMITATION ON AMOUNT, DURATION
AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

17. Nurse-midwife services (continued)

1. Covered Classifications are:

- i. Supervision of normal first pregnancy;
- ii. Supervision of other normal pregnancy;
- iii. Single liveborn - except for an emergency only when born in a hospital or in an Ambulatory Surgical Center classified to provide maternity services; or
- iv. Delivery in a completely normal case.

2. Covered Procedures are:

- i. Total obstetric care (all-inclusive, "global" care) includes antepartum care, vaginal delivery and postpartum care. This excludes forceps or breech delivery.
- ii. Vaginal delivery only including in-hospital postpartum care (separate procedure). This excludes forceps or breech delivery.
- iii. Antepartum care only (separate procedure).
- iv. Postpartum care only (separate procedure).
- v. Antepartum office visits (new or established patient).
- vi. Newborn care in hospital, including physical examination of baby and conference(s) with patient(s).
- viii/. Assist at surgery for Cesarean deliveries.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

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18. Hospice Care (in accordance with section 1905(o) of the Act).

Hospice services will be covered with an established maximum limit of:

210 days of hospice care consisting of three (3) benefit periods -
two (2) 90-day periods and one (1) subsequent 30-day period.

Hospice benefits paid by Medicare or other insurance will be considered
to be benefits paid by the Medicaid program.

D3030136(3)

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(Program A)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL
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19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Program (A) - Pregnant Women

Prenatal case management is limited to pregnant women who would be eligible for a Title V program. Services will be provided in accordance with the Medicaid/Title V agency agreement. There is also a limit of one home visit per month.

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Attachment 3.1.A.1
(Program B)

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19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Program (B) - Infants and Children to Age 2

Infant and child case management services are limited to infants and children to age 2 who would be eligible for a Title V program. Services will be provided in accordance with the Medicaid/Title V agency agreement. There is also a limit of one (1) home visit per month.

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LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL
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19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Program (C) - Mental Health

Case management services will be limited to those Medicaid eligible clients who meet the criteria as specified below:

Children under age 21 must meet at least one of the following conditions:

- a. have a history of hospitalization or out-of-home placements for serious emotional problems; or
- b. be at imminent risk (placement within 48 hours) of hospitalization or out-of-home placement at state expense for emotional problems; or
- c. be seriously emotionally disturbed, as evidenced by the clinical diagnosis of major mental illness, such as pervasive developmental disorders, childhood schizophrenia, schizophrenia of adult type manifesting in adolescence, severe behavioral disorders requiring long-term residential care, mental retardation/developmental disabilities with accompanying mental disorders, or other disorders fitting disability requirements of this definition (or likely to have a duration of) at least one year; or
- d. have functional problems of sufficient severity to result in substantial limitations of major life activities in two or more of the following categories: self-care at an appropriate developmental level, perceptive and expressive language, learning, self-direction, and capacity for living in a family or family equivalent.

Recipients over age 21 must meet at least one of the following conditions:

- a. have a history of hospitalization for psychiatric problem(s) within the past five years; or
- b. have a major DSM III-R psychiatric diagnosis, i.e., schizophrenia, mood disorders (bipolar disorders, major depression), delusional (paranoid) disorder; and organic mental disorder (except substance abuse); or
- c. have a rating of 6 (very poor) or 7 (grossly impaired) on Axis V of DSM III-R.

D1029200

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19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Program (D) Children In State Custody or At Risk of State Custody

Case management services are limited to children to age of 21 in or entering state custody or at imminent risk of entering state custody. Services will be provided in accordance with Medicaid/Title V agency agreement.

D1162071

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Supersedes
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19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

PROGRAM (E) - Children's Special Services (CSS) Targeted Case Management

Case management services are limited to infants and children to age 21 enrolled in the Children's Special Services Program. Services will be provided in accordance with Medicaid/Title V interagency agreement by providers who are Title V agencies or who are subcontractors to a Title V agency.

D1163012